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| <b>Case Number:</b>   | CM14-0184769 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 12/17/2001 |
| <b>Decision Date:</b> | 12/15/2014   | <b>UR Denial Date:</b>       | 10/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 52 year old male who was injured on 12/17/2001. He was diagnosed with lumbar disc disease with radiculopathy, cervical disc disease with radiculopathy, cervicogenic headache, myalgia and myositis, lumbar facet joint pain, and cervical facet joint pain. He was treated with various medications including opioids and benzodiazepines. He was also treated with surgery (lumbar), ice, heat, rest, stretching, and physical therapy (including home exercises), but continued to experience chronic pain. The worker was seen by his pain specialist on 10/9/2014, when he reported continual low back pain with radiation to left leg and associated with numbness and tingling in the legs, and reported having benefit from prior epidural injections (last one was in 7/2014). He reported taking Oxycontin (both 40 mg and 20 mg doses), Norco, Soma, Lisinopril, and Valium regularly without reported side effects. The medications collectively allowed for a reduction in pain, increased activity tolerance, and restoration of partial overall functioning, reportedly. Physical findings included limited range of motion of the lumbar spine, positive straight leg raise, dysesthesia and hypoesthesia along posteriolateral lower extremities from hips to toes, and decreased deep tendon reflexes in the lower extremities. He was then recommended to his then current medications as previously prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the estimated morphine equivalent dosing approaches 260 mg, which is far beyond what is recommended for opioid use. Also, there was no evidence that a full review of benefit was documented at the time of this request, such as there was no documented evidence of measurable functional benefit with and without his medications (including Norco, Oxycontin 20 mg, and Oxycontin 40 mg), which is required before considering continuation of each of these opioid medications. Also, there was missing dosage and/or number of pills in the request for these medications. Therefore, due to the reasons stated above, the Norco, Oxycontin 20 mg, and Oxycontin 40 mg are not medically necessary. Weaning may be necessary.

**Oxycontin 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with

documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of Opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the estimated morphine equivalent dosing approaches 260 mg, which is far beyond what is recommended for Opioid use. Also, there was no evidence that a full review of benefit was documented at the time of this request, such as there was no documented evidence of measurable functional benefit with and without his medications (including Norco, Oxycontin 20 mg, and Oxycontin 40 mg), which is required before considering continuation of each of these Opioid medications. Also, there was missing dosage and/or number of pills in the request for these medications. Therefore, due to the reasons stated above, the Norco, Oxycontin 20 mg, and Oxycontin 40 mg are not medically necessary. Weaning may be necessary.

**Oxycontin 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of Opioids. Long-term use and continuation of Opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of Opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of Opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the estimated morphine equivalent dosing approaches 260 mg, which is far beyond what is recommended for opioid use? Also, there was no evidence that a full review of benefit was documented at the time of this request, such as there was no documented evidence of measurable functional benefit with and without his medications (including Norco, Oxycontin 20 mg, and Oxycontin 40 mg), which is required before considering continuation of each of these opioid medications. Also, there was missing dosage and/or number of pills in the request for these medications. Therefore, due to the reasons stated above, the Norco, Oxycontin 20 mg, and Oxycontin 40 mg are not medically necessary. Weaning may be necessary.

**Soma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, he had been using this medication chronically leading up to this request, which is not its recommended use. Also, there was no evidence suggesting he was having an acute flare-up which might have warranted a short course of Soma. Therefore, the Soma is not medically necessary to continue.

**Valium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, it was unclear as to why he had been using the Valium. Regardless, he had been using it chronically and beyond the recommended duration. Therefore, the Valium is not recommended for continuation and is not medically necessary. Weaning may be necessary.